

5007

2013

**APPLICATION FOR THE  
APPLICANT REVIEW PANEL**

**FOR ASSISTANCE WITH INTERPRETING KEY TERMS, SEE THE GLOSSARY  
AT THE END OF THIS APPLICATION**

**MORE DETAILS ABOUT THE APPLICATION PROCESS CAN BE FOUND IN THE CITY  
AUDITOR'S INTERPRETIVE GUIDANCE AND THE CITY CHARTER AT  
[WWW.AUSTINTEXAS.GOV/10-ONE](http://WWW.AUSTINTEXAS.GOV/10-ONE)**

You must submit an electronic application to [district.applications@austintexas.gov](mailto:district.applications@austintexas.gov)  
or provide a signed application to the Office of the City Auditor in person or by mail at:  
301 W. 2<sup>nd</sup> Street, Suite 2130  
Austin, TX 78701  
**Submission Deadline: February 22, 2012**

**DUTIES AND TERMS OF SERVICE**

Applicant Review Panel **duties** include:

1. Review qualified applicants for the Independent Citizens Redistricting Commission (Commission).
2. Select a pool of **sixty (60)** of the most qualified Commission applicants (at least one being a student applicant) based on the applicant's:
  - Relevant analytical skills;
  - Ability to be impartial;
  - Residency in various parts of the City of Austin; and
  - Appreciation for the City of Austin's diverse demographics and geography.
3. Submit the selected pool of Commission applicants to the Austin City Council (each member of the Austin City Council may strike **one (1)** applicant from the pool of Commission applicants).
  - Panel members shall not communicate, directly or indirectly, with any elected member or representative of the Austin City Council about any matter related to this process prior to submitting the selected pool of Commission applicants.
4. Submit the remaining pool of Commission applicants to the Austin City Auditor.

Applicant Review Panel Member **terms of service** include:

1. Length of service is approximately three months (meeting frequency and length to be determined by Panel members).
2. Eligible to receive reimbursement of reasonable and necessary expenses related to Panel duties. Guidance on what is considered "reasonable and necessary" will be provided by the appropriate authority at a later date.

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Please complete this section legibly.

Name of Applicant: ANDERSEN HILARY KATHLEEN  
(Last) (First) (Middle) (Suffix)

Residence Address (must be a fixed location in the City of Austin):

1801 E. 16th St. Austin, TX 78702  
Street Address City State Zip

Mailing Address (if different from Residence Address)

Same  
Street Address or P.O. Box City State Zip

Contact Phone: (512) 422-4255

Contact Email Address: andersen.hilary@gmail.com

Spouse's Name: Day-Woodruff Samuel Carter  
(Last) (First) (Middle) (Suffix)

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Please check YES or NO by each requirement.

1. Do you reside in the City of Austin (full and limited purpose, but not extraterritorial jurisdiction)?

☒ Yes ☐ No

2. Are you currently licensed as a Certified Public Accountant (CPA) with the Texas State Board of Public Accountancy (TSBPA)?

☐ Yes ☒ No

If Yes to the above, provide your license number \_\_\_\_\_

3. Will you have at least 5 years auditing experience (not necessarily immediately prior) by March 2013?

☒ Yes ☐ No

If Yes to the above, list audit-related employers, position, and dates below:

Employer(s)

Position

Dates

Texas Council on Family Violence	Family Violence Services Coordinator	Oct. 2010 - Present

13-01-24P02:16

13-01-24P02:18 RCVD

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## Conflicts of Interest

The information below is required to help the City Auditor identify any conflict of interest you may have.

<b>Within 5 years of the application date, have you or your spouse:</b>	
Been appointed to a state or city office?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Been elected to a state or city office?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Been a candidate for a state or city office?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Served as an officer, employee, or paid consultant of a political party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Served as an officer, employee, or paid consultant of the campaign committee of a candidate for elective state, county, or city office?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Been a registered state or local lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Within 3 years of the application date, have you or your spouse been:</b>	
A paid employee of the City of Austin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A person performing paid services under a professional or political contract to the City of Austin or the City Council of the City of Austin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A controlling person of a person performing paid services under a professional or political contract to the City of Austin or the City Council of the City of Austin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A person performing paid services under a professional or political contract to any member of the City Council of the City of Austin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A controlling person of a person performing paid services under a professional or political contract to any member of the City Council of the City of Austin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>In the last City Election did you or your spouse:</b>	
Contribute or bundle one thousand dollars (\$1,000) or more in aggregate to candidates for City of Austin elective office?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Personal Background Information

- Ethnicity: European-American
- Race: Caucasian
- Gender: ☐ Male ☒ Female
- Age: (Please check your response)  
☐ 18 to 24 ☒ 25 to 34 ☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 64 ☐ 65+
- Education level: (Please check any that apply)  
☐ High School Diploma or GED  
☐ Some College  
☐ Associate's Degree  
☒ Bachelor's Degree  
☐ Post-Graduate Degree, indicate highest degree attained: (subject Social Science)

**DISCLAIMER**

By submitting this application, I understand that I am giving the City Auditor permission to release my information to the public. In particular, I affirmatively consent to the release of the contact e-mail address I have provided.

If I am appointed, my address, contact phone number and contact email address will be included on the City of Austin's website.

I understand my application is public information under the Texas Public Information Act. The information will be kept according to the City Auditor's records retention policies.

I understand that my participation on the Applicant Review Panel is voluntary.

I understand the duties and terms of service for the Applicant Review Panel as described above.

Under penalty of law, I swear or affirm that the preceding information in this application is in all things true and correct.

  
Signature of Applicant

  
Date